

AMERICANS WITH DISABILITIES ACT (ADA)

City of Manchester Grievance Procedure

The City of Manchester has adopted a grievance procedure to meet the requirements of the Americans with Disabilities Act (ADA). This form describes the manner in which any person may bring a complaint alleging discrimination on the basis of disability in the provision of services, activities, programs or benefits by the City of Manchester. The City's Personnel Policy governs employment-related complaints of disability discrimination.

STEP 1: The complaint should be in writing and contain information concerning the alleged discrimination. You may use this form or you can file your complaint in writing to the city. Alternative means of filing a complaint, such as a personal interview or a tape recording of the complaint, will be made available for persons with disabilities upon request. Your complaint to the City of Manchester alleging discrimination on the basis of disability should include the following information:

1. Name, address and phone number of person filing the complaint.
2. Location, date and description of the problem or discrimination on the basis of disability.
3. The change, correction, or action sought by the person filing the complaint.
4. The signature of the person filing the complaint.

STEP 2: The complaint should be filed with the Manchester City Administrator's office within sixty (60) days after the person filing the complaint becomes aware of the alleged violation(s) of ADA regulations. Within fifteen (15) calendar days of its receipt of the complaint, the ADA Coordinator or their designee will meet with the complainant to discuss the complaint and possible resolutions. Before and after the conference, the ADA Coordinator, with possible assistance from designated employees, must investigate the complaint and examine actions which the city can take to address the complaint.

STEP 3: Within fifteen (15) calendar days of the meeting, the ADA Coordinator or their designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City of Manchester and offer options for substantive resolution of the complaint.

STEP 4: If the person filing the complaint finds the ADA Coordinator or their designee does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within fifteen (15) calendar days to the City Administrator or their designee.

Within fifteen (15) calendar days after the receipt of the appeal, the City Administrator or their designee will meet with the complainant to discuss the complaint and possible resolutions. Within fifteen (15) calendar days after this meeting, the City Administrator or their designee will respond in writing, and where appropriate, in a format accessible to the person filing the grievance, with a final resolution of the complaint.

All written ADA complaints received by the ADA Coordinator or their designee, appeals to the City Administrator or their designee, and responses will be retained by the City of Manchester for at least three years.

CITY of MANCHESTER

ADA GRIEVANCE FORM

PLEASE complete each section of this form to the best of your ability.

Name_____Phone_____

Address_____

City_____State_____Zip_____

Are you filing this inquiry: (Check all that apply)

- _____ A. On behalf of yourself as a person with a disability?
_____ B. On behalf of a family member or ward who has a disability? PLEASE
describe your relationship:

_____ C. As a person associated with another who has a disability?
_____ D. As an interested person?

ABOUT YOUR INQUIRY:

Name of program, service, activity, park or facility involved:_____

Location:_____

Date and time of occurrence you believe was discriminatory or unfair:_____

WHAT HAPPENED?

Please describe in your own words the action(s) by an employee(s), the rules or policy, the service(s) or the condition of a park, area, facility or structure which you feel is discriminatory or unfair. It is not necessary to refer to laws, regulations, ordinances, or policies in your description. (Use additional paper to describe your observation(s), if necessary)

HOW CAN THE PROBLEM BE CORRECTED?

PLEASE describe the actions, which you feel need to be taken to address the problem.

IS THERE A DEADLINE?

Must this problem be addressed before a program begins or an event occurs? PLEASE identify any date, which you feel is important to the problem.

PLANNING A CONFERENCE:

The City will contact you to schedule a meeting to discuss your complaint. The meeting will occur within fifteen (15) calendar days from the date your inquiry is received.

Do you need an accommodation during the conference? If yes, please describe:

When are you most available? (Check two)

<input type="checkbox"/> M-F 9:00-11:00 a.m.	<input type="checkbox"/> M-F after 5:00 p.m.
<input type="checkbox"/> M-F 2:00-5:00 p.m.	<input type="checkbox"/> Sat 9:00 a.m. - Noon
<input type="checkbox"/> Other _____	

Your Signature: _____

SUBMITTING THIS FORM:

Thank you for completing this form. We will contact you soon. Please drop off or mail this form to:

Andy Hixson, ADA Coordinator
City Administrator
14318 Manchester Road
Manchester, MO 63011
636-391-6326 Ext. 110
ahixson@manchestermo.gov

For assistance with this form, or for information about program accessibility, please call (636) 391-6326 ext. 110 Voice or please use Relay Missouri 1-800-735-2966 TDD.

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